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Feb 27 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F93000003329 (0)

1. Corporation Name
WINSTON INSURANCE COMPANY



Principal Place of Business

C/O KERR, IRVINE, RHODES & ABLES
201 ROBERT S. KERR AVENUE
OKLAHOMA CITY OK 73102

Mailing Address

C/O KERR, IRVINE, RHODES & ABLES
201 ROBERT S. KERR AVENUE
OKLAHOMA CITY OK 73102-4205

3. Date Incorporated or Qualified

07/20/1993

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

25 Suite, Apt. #, etc.

26 City & State

27 Zip

Country

28

29

30

4. FEI Number

13-3352324

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32399-0300

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME MILO, RALPH
STREET ADDRESS 1177 6TH AVE 45TH FL
CITY - ST - ZIP NY NY ☐ DELETE

TITLE SD
NAME LABEL, JOSEPH S
STREET ADDRESS 1177 6TH AVE 45TH FL
CITY - ST - ZIP NY NY ☐ DELETE

TITLE TD
NAME HILDNER, CARL J
STREET ADDRESS 1177 6TH AVE 45TH FL
CITY - ST - ZIP NY NY ☐ DELETE

TITLE D
NAME FERGUSON, ROBERT D
STREET ADDRESS 1177 6TH 45TH FL
CITY - ST - ZIP NY NY ☐ DELETE

TITLE D
NAME ROCHE, WILLIAM E
STREET ADDRESS 1177 6TH 45TH FL
CITY - ST - ZIP NY NY ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE D ☒ Change ☐ Addition
12 NAME Milo, Ralph
13 STREET ADDRESS 1177 6th AVE 45th FL
14 CITY - ST - ZIP NY NY 10036

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP 10036

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP 10036

41 TITLE PD ☒ Change ☐ Addition
42 NAME Ferguson, Robert D
43 STREET ADDRESS 1177 6th Ave.
44 CITY - ST - ZIP NY NY 10036

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP 10036

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)